



GENITAL LESIONS MOLLUSCUM CONTAGIOSUM

DEFINITION	A benign viral disease of the skin primarily transmitted through direct skin contact with an infected individual or contaminated fomites with an incubation period of 1 week to 6 months. The infection has a higher incidence in children, sexually active adults, and those who are immunodeficient. Lesions may resolve spontaneously.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. No symptoms.2. Small lesions on or near genitals or inner aspects of thigh that slowly increase in size or number, & spreading of lesions from one body part to another.3. Complaints of pain, tenderness, or pruritus, may be due from secondary infection.
OBJECTIVE	May include: <ol style="list-style-type: none">1. Lesion(s) are 1-5 mm, smooth, rounded, firm, shiny, flesh-colored to pearly-white papules with characteristically umbilicated centers. They are most commonly seen in the groin, genital area, thighs, and lower abdomen in adults and are generally asymptomatic.2. Open lesions reveal white, curd like core inclusion bodies.3. Secondary infection, usually with staphylococcus may occur.
LABORATORY	No specific testing needed.
ASSESSMENT	Molluscum contagiosum.
PLAN	<ol style="list-style-type: none">1. As lesions may resolve spontaneously without scarring, no treatment may be needed if client is comfortable with this option.2. Treatment options:<ol style="list-style-type: none">a. Open lesion with sterile needle, express core of lesion with sterile tweezers. May then apply liquid nitrogen.b. Apply liquid nitrogen to lesion base for 3-6 seconds, allow to thaw. Repeat freeze x1 or x2 as needed. May reapply every 7-14 days.c. Provide prescription for tretinoin topical 0.1% cream or 0.025% gel (Retin-A)<ol style="list-style-type: none">1) Apply to lesions once daily or 3 times/week at bedtime.2) Continue until lesions are gone.d. Apply Trichloroacetic acid (TCA 80-90% in H₂O solution) to lesions.<ol style="list-style-type: none">1) Protect surrounding tissue with baking soda paste as needed.2) Retreat every 7-10 days.

	<p>e. Provide prescription for imiquimod 5% cream (Aldara) (Do not use if pregnant or breast feeding)</p> <ol style="list-style-type: none"> 1) Apply a thin layer of cream to molluscum, rub until cream vanishes. 2) Wash hands well after treatment application. 3) Leave cream on for 6-10 hours, then wash off with mild soap and water. 4) Apply every other day, (3x/week), at hs. 5) Continue treatment until lesions are gone or up to 16 weeks. 6) Do not use in vagina or internal anus. <p>f. Provide prescription for podofilox cream 0.5% (Condylox) topically daily. (Do not use in pregnant women). Instruct to:</p> <ol style="list-style-type: none"> 1) Apply thin layer of cream to lesions with fingertips. 2) Wash hands well before & after treatment regimen. 3) Continue treatment up to 4 weeks.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Review safer sex education, as appropriate. 2. Instruct client on monthly genital self examination. 3. Discuss wellness concepts to maintain a healthy immune system 4. Advise client molluscum is easily transmitted from person to person via skin contact, sharing razors, towels, hot tubs, & bathtubs. 5. Advise client to keep area clean and avoid touching, rubbing or shaving this area to prevent secondary infection. 6. Recommend RTC in 1-2 weeks for re-evaluation and retreatment if indicated.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. Refer any client with severe secondary infection post treatment. 2. Persistent lesions non-responsive to treatment.

Revised 2/16

References:

1. Hatcher RA, Trussell J, Nelson A, Cates W, Kowal D., Policar, M. (2011) Contraceptive Technology (20th -revised edition), Ardent Media Inc. New York, p612-613.
2. <http://www.mayoclinic.com/health/molluscum-contagiosum/DS00672>
3. <http://emedicine.medscape.com/article/910570-overview>